



**BOARD OF CHIROPRACTIC EXAMINERS
CONTINUING EDUCATION COMMITTEE
MEETING MINUTES
December 1, 2023**

In accordance with the statutory provisions of Government Code section 11133, the Continuing Education Committee (Committee) of the Board of Chiropractic Examiners (Board) met via teleconference/Webex Events with no physical public locations on December 1, 2023.

Committee Members Present

David Paris, D.C., Chair
Laurence Adams, D.C.
Pamela Daniels, D.C.

Staff Present

Kristin Walker, Executive Officer
Tammi Pitto, Assistant Executive Officer
Dixie Van Allen, Licensing & Administration Manager
Amanda Ah Po, Enforcement Analyst
Sabina Knight, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)
Steven Vong, Regulatory Counsel, Attorney III, DCA

1. Call to Order / Roll Call / Establishment of a Quorum

Dr. Paris called the meeting to order at 12:05 p.m. Dr. Adams called the roll. All members were present, and a quorum was established.

2. Review and Possible Approval of January 4, 2023 Committee Meeting Minutes

Motion: Dr. Adams moved to approve the minutes of the January 4, 2023 Continuing Education Committee meeting.

Second: Dr. Daniels seconded the motion.

Public Comment: None.

Vote: 3-0 (Dr. Paris-AYE, Dr. Adams-AYE, and Dr. Daniels-AYE).

Motion: Carried.

3. Update on Board's Continuing Education Program

Ms. Walker highlighted the Continuing Education (CE) Program workload statistics and stated approximately 350 course applications and 1,500 hours of education had been approved during the first four months of fiscal year 2023–24 compared to a total of over 8,000 hours during the previous fiscal year. She noted staff anticipates a reduction in the number of CE course applications received due to the implementation of the new hour-based application fee.

She shared staff is seeking to improve communication with CE providers and is considering developing quarterly email newsletters to provide updates and highlight common issues that contribute to course application and approval delays.

Ms. Walker also provided an overview of the four regulatory proposals affecting the CE Program: 1) the comprehensive changes to the annual CE requirements with five new competency areas and updates to the CE provider and course approval processes; 2) the pending proposal to mandate basic life support (BLS) certification as a condition of licensure in active status; 3) a new proposal to create a process for granting extensions to the annual CE requirement under qualifying circumstances; and 4) the pending proposal to establish a formal appeal process before the Committee or the Board for denied CE provider and course applications.

She added that staff is working with a new project team from DCA's Office of Information Services (OIS) to document the business requirements for implementation of CE functionality in the Connect system.

Dr. Adams asked if a Board member was consulted prior to the denial of the two CE courses referenced in the meeting materials. Ms. Van Allen did not recall and offered to report back to the Committee. She also shared that staff typically involves a Board member or the Executive Officer prior to denying a course.

Dr. Paris noted 798.75 hours of education were approved in August 2023, which is over half of the total hours approved during the four-month timespan, and asked if that anomaly was the result of a trend in the profession as providers prepare for fall conferences. Ms. Van Allen responded affirmatively. Dr. Paris also asked if there is a consistent deficiency in the course applications that needs to be addressed with CE providers. Ms. Van Allen shared the subject area remains the most common issue with course applications—providers either fail to identify a subject area on the application or the content in the course outline is inconsistent with the requested subject area.

Public Comment: Marcus Strutz, D.C. stated it is very important for the Board to communicate with CE providers about the updates to the regulations because many providers think Zoom seminars will qualify for live hours beginning January 1, 2024.

4. Review, Discussion, and Possible Recommendation Regarding Proposal to Mandate Basic Life Support or Cardiopulmonary Resuscitation Certification as a Condition for Licensure in Active Status (amend California Code of Regulations [CCR], Title 16, section 371 and add CCR, Title 16, section 371.1)

Ms. Pitto presented this agenda item and shared that effective November 21, 2003, the Board had adopted CCR, title 16, section 356.1, which required all licensees to maintain current certification in cardiopulmonary resuscitation (CPR) or BLS from the American Red Cross (ARC), American Heart Association (AHA), or other associations approved by the Board as a condition of licensure. She stated the Board subsequently repealed the regulation effective May 9, 2007, because the regulation had not been shown to have a positive impact on the level of care provided by doctors of chiropractic, other boards had repealed their CPR requirements, and the Board does not have expertise in approving associations to provide CPR or BLS training.

She explained in March 2015, the Board's Licensing, Continuing Education, and Public Relations Committee began discussing the possibility of reinstating the CPR requirements for public safety and patient protection because unlike other healing arts professions with CPR mandates through their employers, the majority of doctors of chiropractic work as sole proprietors and should be trained on the proper procedures for handling an emergency situation that may arise in their practices. She added the Board approved proposed text for the CPR requirement at its July 2015 meeting, but the proposal was then placed on hold as the Board developed new CE regulations.

Ms. Pitto stated during the January 4, 2023 Continuing Education Committee meeting, the Committee reviewed the 2015 proposal and discussed mandating BLS training and certification for active licensees because those courses are designed for healthcare and public safety professionals whereas general CPR courses are intended for those without formal medical training. The Committee also discussed the need to develop language for active licensees with temporary or permanent disabilities or medical conditions that may prevent them from being physically able to perform CPR and obtain the full BLS certification. She explained AHA offers a BLS advisor certification that is intended for individuals with disabilities who lack the psychomotor skills to complete the physical testing portion of the BLS course but can successfully communicate how to perform CPR to another person. She added staff contacted the Dental Board of California and learned that there are no exceptions to their BLS requirement for active licensees. She asked the Committee to engage in a policy discussion on the proposal and provide direction to staff.

Dr. Adams noted many doctors of chiropractic are not practicing but keep their licenses active because they teach seminars or work in academic settings, and asked if they would also be required to maintain BLS certification. Dr. Paris explained all licensees in active status would need to comply with the BLS requirement because the Board has no way of controlling or monitoring licensees' work settings. Ms. Knight agreed and added

that the Board is unable to track how licensees are using their license. Dr. Adams suggested potentially including an exemption for licensees who are not actively practicing and work solely in an academic setting. Dr. Paris explained the rationale for granting an exemption is based on the licensee's disability or medical condition, not their work environment. Dr. Adams cited an example of older licensees who maintain their license in active status and do not have any disabilities or medical conditions, but physically lack the ability to get on the floor and perform CPR. He shared his concern that the addition of a BLS requirement may force them to give up their license.

Dr. Daniels asked about the measurement used by the Board in 2007 to justify that there was no positive impact on the level of care by doctors of chiropractic as a result of the CPR requirement. Ms. Walker explained staff reviewed the regulation package and found no underlying documentation or data in the file to support the rationale of that statement.

Dr. Daniels referred to subdivision (f)(2) of the proposed text within Attachment 2 of the meeting materials where it requires a licensee who is unable to obtain BLS certification due to a temporary or permanent disability or medical condition to ensure another licensee or support staff with a current certification is on the premises while the licensee is examining or treating patients, and stated it is unclear how the Board would verify and enforce that provision. She stated she called ARC and talked to them extensively about the BLS advisor card and how they handle disabilities, and she learned their advisor card is an online class and they are not testing the individual on their ability to communicate how to give CPR to someone. She also noted a study found lower weight individuals have a difficult time physically performing CPR. Dr. Daniels proposed having those licensees obtain an advisor card and post a sign on their door stating they do not perform CPR. She added there may also be licensees who are fully certified but are not comfortable performing CPR.

Dr. Paris concurred with Dr. Daniels and stated the requirement to have another person on the premises may be an undue burden on the licensee. He added the licensee could notify the patients that they will not perform CPR but will activate emergency medical services (EMS). Dr. Adams noted how the list of possible exemptions increased through the discussion of this issue. Dr. Daniels explained the need for further clarification on possible exemptions and exceptions to prevent potential violations of the Americans with Disabilities Act (ADA).

Dr. Daniels and Dr. Adams discussed how smaller individuals can struggle to adequately perform CPR compressions due to their physical size and strength and how they may not be comfortable performing CPR in an emergency situation. Dr. Adams added the regulatory language needs to clear and allow for licensees with a BLS advisor card to satisfy the requirement by posting a notice at their office. Dr. Paris noted there is no requirement for licensees to perform CPR even if they are trained, and stated the option to obtain an advisor card and provide an acknowledgement to patients

could address those scenarios. Dr. Adams added the standard is to activate EMS before proceeding with CPR.

Ms. Walker requested clarification on the concept the Committee would like staff to further develop and asked if the BLS provider or advisor certification by all active licensees would sufficiently meet the need of protecting the public. Dr. Daniels expressed her viewpoint that the public needs to be notified if the licensee only has a BLS advisor card. She suggested the notice should be posted in the place of entry because the public perceives a health facility or doctor's office to be a place where they are taken care of and safe, so they must be made aware of any limitations. She added this policy discussion came up after an enforcement issue where a licensee did not call for EMS when they should have.

The Committee discussed referring the proposal back to staff for further research and development of the proposed language for subdivision (f)(2) to account for the BLS advisor card and notification language posted on the door or in their intake forms that the licensee does not perform CPR, but will activate EMS in an emergency situation.

Ms. Walker asked the Committee to clarify if the intent is for the Board to track whether licensees have BLS provider or advisor certifications and if the public notice requirement is only required for active licensees with BLS advisor cards or for any active licensee who is unable or unwilling to perform CPR. Dr. Paris indicated the public notice requirement is only for active licensees with BLS advisor cards. Dr. Adams added licensees with BLS advisor cards need to notify the Board and post the written notification to patients in their office.

Dr. Paris clarified that this proposal applies to Board members despite the fact that they are exempt from the annual CE requirements.

Public Comment: H. A. Bud Walker, D.C. stated he has been a sports-certified doctor of chiropractic for almost 40 years and knows licensees are held to a higher standard. He asked if the BLS proposal will also require licensees to have an automated external defibrillator (AED) on site. He also asked if there will be legal issues if a licensee initially decides in advance to not perform BLS and posts a notice, but then performs BLS when the circumstances arise. He added that he performed CPR outside of his office and saved a man's life, and the adrenaline that races through the body during that type of event provides smaller individuals with additional strength to perform CPR if they have learned it.

5. Review, Discussion, and Possible Recommendation Regarding Proposal to Create a Process for Granting Exemptions or Extensions to the Annual Continuing Education Requirement to Licensees Who Have Been Adversely Affected by a Natural Disaster, State of Emergency, Medical Condition, or

Other Hardship During Their License Renewal Period (add CCR, Title 16, section 364.1)

Ms. Walker introduced this agenda item and explained in late 2021 through early 2022, the Board's Licensing and Continuing Education Committee engaged in a series of discussions that were originally intended to explore whether the Board had authority to broadly issue waivers to the CE requirements for licensees who were affected by a natural disaster or state of emergency. She stated after researching further with legal counsel, staff determined the Board lacked that type of authority to waive requirements for a large group of licensees, and, in consultation with the Committee, began drafting regulatory language where the Board could grant an exemption to the CE requirements on a case-by-case basis with appropriate substantiation of a hardship from the licensee. She noted the proposed language in the meeting materials was last considered by the Board in April 2022, and was focused on how a licensee can provide satisfactory proof to the Board that they have been adversely affected by a natural disaster or state of emergency within the past year and be granted an exemption from the CE requirements.

She explained staff is requesting that the Committee discuss that pending regulatory proposal and consider potentially shifting to a model where the Board could grant an extension, rather than an exemption, to the CE requirements to licensees who have experienced a hardship within their license renewal period. She added the Connect system could be configured to allow the Board to retroactively apply CE credits to a prior renewal cycle for tracking purposes. She stated in addition to a natural disaster or state of emergency, other hardships could include a temporary medical condition or disability or having to care for an immediate family member. She also noted the comprehensive CE proposal already narrowed the list of licensees who are exempt from the CE requirements to inactive licensees, new licensees within their first renewal cycle, chiropractic college instructors, Board members, and licensees who have been called to active-duty military service.

Dr. Adams and Dr. Paris expressed their support for staff's suggested changes to the regulatory proposal. Dr. Daniels noted the regulatory language needs to contain a rubric or measurement to define the circumstances for approval or denial of extension requirements for consistency. She also suggested allowing licensees to have a one-time postponement of their CE requirements without prior Board approval for a last-minute emergency.

Ms. Walker added the request for an extension must be filed prior to the license renewal application because the intent is to ensure compliance with the CE requirements, not to provide a loophole for licensees who have been selected for a CE audit. She indicated staff wanted the Committee's input on broadening the proposal before exploring it further.

Dr. Adams commented that he would prefer to see a process for granting an extension of time, such as up to 180 days, to comply with the CE requirements and retroactively apply the credits to the renewal cycle rather than a waiver or exemption from the requirements. Dr. Paris concurred.

Public Comment: None.

6. Public Comment for Items Not on the Agenda

Public Comment: Shasta Carey from the California Chiropractic Association asked when the Board will implement the regulations to allow live hours for courses via Zoom. Ms. Walker indicated the planned implementation date is January 1, 2025.

Falkyn Luouxmont stated there is a fundamental difference between the intern clinics at Life Chiropractic College West (Life West) and Northwestern Health Sciences University (NWHSU)—Life West requires interns to recruit their own patients whereas NWHSU already has an established patient base for interns to use to build their clinical experience. He questioned if the model of requiring interns to recruit their own patients for the clinic should be adjusted or improved.

7. Future Agenda Items

Dr. Daniels requested a future agenda item to discuss the amount of CE that a licensee must complete to change their license from inactive to active status.

Public Comment: Audrey Egan, D.C. stated she lives in Mexico and is interested in keeping her California license, but it is difficult to get out of the country to take CE courses. She stated she enjoyed the Zoom courses and encouraged the Board implement the updated CE requirements.

8. Adjournment

Dr. Paris adjourned the meeting at 1:47 p.m.